

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/523831 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	C	C				
4		1				
5	E	C				
6		1				
7		1				
8	C	C				
9		1				
10	C	C				
11		1				
12		1				
13	C	C				
14		1				
15						
16						
17						
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24						
25						
26						
27						
28		1				
29	C	C				
30		1				
31						
32						
33		1				
34		1				
35						
36						
37						
38		1				
39						
40						
41		1				
42		1				
43		1				
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.	5					
TOTAL CLAIMS	20					